



Georgia Department of Motor Vehicle Safety

2206 East View Parkway • Conyers, Georgia 30013 • 678.413.8650

Driver Training School License Application

(Please read carefully and complete application – Print in black or type – Reference last page for required documents/fees)

Applying for: ☐ Original ☐ Renewal

Current School License #
(If applicable)

General Information

Name of Driver Training School
(as appears on surety bond and business license)

Business Phone Number

FAX Number

Email Address

Street Address (as appears on business license)

City

County

State

Zip Code

Mailing Address

Street Address

City

County

State

Zip Code

Business License

License Number: _____ Date Issued: _____ Date of Expiration: _____

Classification Code: _____ Classification Name: _____ Type: _____

Please List All Owners, Partners and Officers of School Below

Name of Owner, Partner or Officer

Driver's License #

Position

Home Phone #

Date of Birth

Street Address (Home)

City

County

State

Zip Code

Name of Owner, Partner or Officer

Driver's License #

Position

Home Phone #

Date of Birth

Street Address (Home)

City

County

State

Zip Code

Type of Business

☐ Public/Private ☐ Owner ☐ Joint Owner ☐ Partner ☐ Corporation

If applicant is a corporation, under the laws of what state are you incorporated?

(If incorporated in another state other than Georgia, you must attach a certified copy of the permit to do business in Georgia as a foreign corporation.)

Criminal/Driving Record

Yes No

- ☐ ☐ Has applicant been previously licensed to operate a Driver Training School? If yes, was license revoked? _____ Date: _____
- ☐ ☐ Has any owner, partner or officer, listed above, ever been convicted of any violation of the Driver Training School License Law?
If yes, please explain on a separate sheet.
- ☐ ☐ Has any owner, partner or officer, listed above, ever been convicted of any violation of the Motor Vehicle laws in any state or territory?
If yes, please explain on a separate sheet.
- ☐ ☐ Has any owner, partner or officer, listed above, ever been convicted of any moral turpitude in any state or territory?
If yes, please explain on a separate sheet.
- ☐ ☐ Is any owner, partner, or officer, listed above, or family member, currently employed by _____
the State of Georgia? If so, what agency?



Certification of Signatory

It is illegal for anyone to give false or fictitious information for a Driver Training School License. Since this certification is considered part of the application, anyone who provides or certifies to false or fictitious statements or information herein may be prosecuted and/or have his or her license cancelled.

Applicant Certification

I/we certify under penalty of perjury that the statements are true and correct to the best of my/our knowledge, information and belief. I am/we are familiar with the Georgia and Motor Vehicle licensing laws and regulations concerning conducting driving training schools.

Applicant's Signature

Date

School operating days and hours: _____

(Please notify the Department of Motor Vehicle Safety immediately, in writing, if there is any change in this information.)

Federal Tax Identification Number: _____

Vehicle Liability Insurance Certification

I/We certify under penalty of perjury that the minimum limits of insurance coverage is maintained with the following company:

Name of Insurance Company: _____

Policy/Binder Number: _____

Name of Agent: _____

Surety Bond Certification

I/We certify under penalty of perjury that a surety bond has been obtained from the following company:

Name of Bonding Company: _____

Policy/Binder Number: _____

Effective: _____

Facility(ies) Information

The individuals listed below are authorized to sign on behalf of the driver training school:

Name

Signature

Name

Signature

Location(s) where instruction is given:

Classroom 1 -

Street Address

City

County

State

Zip Code

Classroom 2 -

Street Address

City

County

State

Zip Code

Classroom 3 -

Street Address

City

County

State

Zip Code

Driving Range -

Street Address

City

County

State

Zip Code

Simulator(s) -

Street Address

City

County

State

Zip Code

Curriculum of Instruction (classroom and behind-the-wheel)

- ☐ Drive Right ☐ ADTSEA ☐ How to Drive ☐ Handbook Plus ☐ License to Drive ☐ Licensed to Learn
- ☐ Road Ready Complete (Instructor-Led Only) ☐ Responsible Driving ☐ Other _____

Please send the completed application, documents and fees to the address above

DMVS USE ONLY																			
Required Documents/Fees (check off as received)																			
Original		Renewal																	
✓	Document/Fee	✓	Document/Fee																
<input type="checkbox"/>	One (1) photograph taken within thirty (30) days of filing application, showing a full view of the face, neck, shoulders and uncovered head.	<input type="checkbox"/>	One (1) photograph taken within thirty (30) days of filing application, showing a full view of the face, neck, shoulders and uncovered head.																
<input type="checkbox"/>	Cashier's check, certified check, money order or school check in the amount of twenty five dollars (\$25.00) payable to the <u>Department of Motor Vehicle Safety</u> to this application. Such fee shall be refunded if the application is denied. No Personal Checks Please!	<input type="checkbox"/>	Cashier's check, certified check, money order or school check in the amount of twenty five dollars (\$25.00) payable to the <u>Department of Motor Vehicle Safety</u> to this application. Such fee shall be refunded if the application is denied. No Personal Checks Please!																
<input type="checkbox"/>	One (1) notarized Consent for Background Investigation form (DE-03).	<input type="checkbox"/>	One (1) notarized Consent for Background Investigation form (DE-03).																
<input type="checkbox"/>	One (1) set (2 cards) of fingerprints of each of the right and left hands, accompanied by an AFFIDAVIT (DE-04) from a state, county or city officer qualified to make such fingerprints that the fingerprints are those of the applicant.	<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="background-color: #e6f2ff; text-align: center;">✓</th><th style="background-color: #e6f2ff; text-align: center;">Tasks to Complete (Check off as completed)</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Accurately Fill out Application</td></tr><tr><td><input type="checkbox"/></td><td>Turn in Required Documents</td></tr><tr><td><input type="checkbox"/></td><td>Pass Pre-Licensing or Pre-Renewal Audit</td></tr><tr><td><input type="checkbox"/></td><td>Pass Background Check(s)</td></tr><tr><td><input type="checkbox"/></td><td>Pay Required Fees</td></tr></tbody></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tbody><tr><td style="width: 50px;"><input type="checkbox"/></td><td>Approve</td></tr><tr><td><input type="checkbox"/></td><td>Reject</td></tr></tbody></table>		✓	Tasks to Complete (Check off as completed)	<input type="checkbox"/>	Accurately Fill out Application	<input type="checkbox"/>	Turn in Required Documents	<input type="checkbox"/>	Pass Pre-Licensing or Pre-Renewal Audit	<input type="checkbox"/>	Pass Background Check(s)	<input type="checkbox"/>	Pay Required Fees	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Reject
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<input type="checkbox"/>	Approve																		
<input type="checkbox"/>	Reject																		
<input type="checkbox"/>	One (1) completed Facility Requirements – Checklist (FORM DE-26)																		
<input type="checkbox"/>	Business License (Certified Copy)																		
<input type="checkbox"/>	Certificate of Occupancy (Certified Copy)																		
<input type="checkbox"/>	Surety Bond (Certified Copy, DE-10)																		
<input type="checkbox"/>	List Instructors and Vehicles affiliated with school (DE-06)																		
<input type="checkbox"/>	A \$24.00 money order or cashier's check made payable to Georgia Bureau of Investigation (G.B.I.). No Personal Checks Please!																		
<input type="checkbox"/>	Motor Vehicle Report from the previous state licensed in (at least a five-year period) if a Georgia Driver's License held for less than five (5) years.																		
Comments:																			
School License #	Driver Education (30/6)	Issue Date	Expiration Date																
	<input type="checkbox"/>																		
DMVS Driver Training Agent's Signature		Date																	